

Par. 1. **Material Transmitted and Purpose** – Transmitted with the Manual Letter are changes to Service Chapter 650-25, State and Community Programs Funded Under the Older Americans Act Policies and Procedures Manual. The old language is struck through, and the new language is underlined.

EFFECTIVE DATE: July 1, 2013

Eligible Clients 650-25-30-01-01

Adds clarification to the age requirements for the caregiver client in sections 1 & 4.

1. Family caregivers age 18 and older caring for of older individuals age 60 and older.
2. Grandparents and relative caregivers age 55 and older who care for children not more than 18 years of age.
3. Grandparent or relative caregivers providing care for adult children with a disability who are between 19 and 59 years of age. These caregivers must be 55 years and older and cannot be the child's parent.
4. Individuals age 18 and older caring for a person with Alzheimer's disease or a related dementia, regardless of the age of the person with dementia.

Service Categories 650-25-30-01-15

Adds clarification to activities of providing information, public education and client identification and removes duplication of respite service options which are outlined in another section in sections 1, 3 & 4.

1. Information to caregivers and local communities about available services.
 - a. Information Public education is defined as group services, including public education, provision of information at health fairs, expos and other similar events.
 - b. Outreach/client identification is defined as interventions for the purpose of identifying potential caregivers and encouraging their use of existing services and benefits.
3. Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions, learning more about providing care to the care recipient, understanding the importance of taking care of themselves, and solving problems relating to their caregiving roles.
 - a. ~~Counseling/Support Groups/Training – Provision of assistance to caregivers in the areas of health, nutrition, and financial literacy; and in making decisions and solving problems in relation to their caregiving roles.~~
4. Respite care.
 - a. Temporary relief from the stresses and demands associated with daily 24-hour care or for emergencies for a grandparent/relative caregiver or for a primary caregiver who is caring for an older adult with at least two activities of daily living (ADL) impairments or a cognitive impairment. "Temporary relief" means an average of 15 hours or less of respite care services per month unless otherwise authorized by the Caregiver Coordinator. ~~It can be in the form of in-home respite, adult/child day care respite, licensed adult and child family foster care home, or institutional respite on an occasional or emergency basis.~~
 - b. The ADL impairment requirement for respite services eligibility does not apply to children ages 18 and under.

Delivery Characteristics 650-25-30-01-20

Changes name of computerized record keeping system, sections 2 & 4.

Caregiver support services must be available statewide.

1. All referrals must be contacted within two working days.
2. The Caregiver Assessment Tool must be completed in the Harmony for Aging ~~(HFA)~~ formerly known as Social Assistance Management System (SAMS) data collection system to document need. The tool is available through the web-based ~~HFA~~ **SAMS** data collection system.
3. Individuals seeking services must be provided with service options. The individual has the right to make an independent choice of service providers.
4. All contacts, including telephone calls, must be documented in the narrative section of the ~~HFA~~ **SAMS** data collection system. The documentation shall include a brief descriptive statement of the interaction, including any service needs identified, alternatives explored, and service delivery options offered.

Service Activities 650-25-30-10

Adds specific department approved Caregiver Dementia Training to public education services; changes HFA to SAMS for reporting purposes; changes eligibility criteria for individuals who are employed, paying for in-home services privately, receiving other services in the home; clarifies eligibility for grandparents receiving adoption subsidy, in sections 4, 5, 9, 10 & 11.

3. Caregiver Assessments.
 - Make home visits or arrange for visits in a location convenient for the caregiver; complete individual caregiver assessments

on all eligible caregivers using the HFA [SAMS](#) Caregiver Assessment Tool which can be accessed through the web-based HFA [SAMS](#) data collection system. Caregiver assessments will identify needs of the individual caregiver including needs unique to individuals providing care while they are employed outside the home; to grandchildren not more than 18 years of age or are an individual with a disability; to individuals with Alzheimer's/dementia; to individuals with cognitive impairments; to individuals with developmental disabilities; to individuals with mental illness; to individuals with physical disabilities; to individuals with substance abuse problems; and to individuals at the end of life.

- Caregiver assessments must be updated on an annual basis.

4. Caregiver Option Plan Design & Implementation.

- Using the results of the Caregiver Assessment Tool, design & implement individualized Caregiver Option Plans ([SFN 165](#)) that address the needs unique to the individual providing care. The Caregiver Option Plan (SFN 165) must identify services to be received, the entity providing the service, and expected outcomes.
- Caregiver Coordinators will allocate initial respite service funding for each caregiver based on a three month prorated amount of the current [established](#) service cap [for the current 12-month service period](#). The Caregiver Option Plan will be reviewed by the Caregiver Coordinator quarterly (at a minimum) to evaluate respite care usage and need for additional respite funding. Allocations for respite services will be based on each caregiver's individual needs. The Caregiver Coordinator has the discretion to allocate initial respite funding which exceeds the prorated amount based on caregiver need. The Caregiver Coordinator also has the discretion to add to the respite funding allocation more frequently than quarterly based on caregiver need. The Caregiver Option Plan will not exceed the respite service cap established for the service period.
- A copy of the Caregiver Option Plan must be mailed to the caregiver after each review date.

- The effective date on the Caregiver Option Plan ([SFN 165](#)) will not exceed the 12 month enrollment period (July 1 to June 30).
- The Caregiver Coordinator may terminate the Caregiver Option Plan ([SFN 165](#)) if the caregiver has not accessed services within a review period (at a minimum of quarterly). The termination will be issued in writing with the use of the NDFCSP Notice of Service Denial, Closure or Termination ([SFN 331](#)).
- Caregiver Coordinators must monitor the Caregiver Option Plan ([SFN 165](#)) to assure caregiver goals and outcomes ~~have been~~ **are being** met. Caregiver Option Plans (SFN 165) must be updated when the effective date expires. Caregiver Option Plan (SFN 165) updates may be completed by a face-to-face meeting or by making phone contact with caregivers and acquiring signatures via the mail. Caregivers must receive a minimum of four contacts per year with the Caregiver Coordinator which includes a face-to-face visit every 6 months.
- If the coordinator receives a report of a significant event involving an enrolled caregiver, a home visit will be required. Examples of a significant event may include: an adult protective services referral, concern regarding caregiver's ability to continue to provide care, complaint regarding respite provider. When there is a question regarding a significant event, the coordinator will review with the [NDFCSP Program Administrator](#).

5. Individual Caregiver Counseling.

- Identify and arrange for payment for qualified professionals to complete up to 4 sessions during a 12 month enrollment period of individual or family counseling of eligible caregivers. If it can be demonstrated that the caregiver has an extraordinary need for additional counseling beyond the 4 sessions, a written request must be submitted to the Program Administrator. A one-time extension of the minimum 4 sessions will be considered on a case-by-case basis. Caregivers who require on-going counseling will be referred as

needed. A qualified professional includes a psychologist, licensed social worker, and counselors as defined by North Dakota Century Code. Caregiver Coordinators will locate resources/individuals in the community that provide counseling that may include but are not limited to the following areas:

- Caregiver Stress and Coping
 - End of Life Issues / Grief Counseling
 - Family Relations / Dynamics
 - Substance Abuse
 - Decision Making and Problem Solving
- Rates for qualified professionals to provide caregiver-counseling services shall not exceed the current Human Service Center statewide rate for individual or family therapy.

6. Community & Program Development.

- Facilitate development/maintenance of caregiver support groups.
- Create/maintain working partnerships with other agencies and organizations that provide services to support caregivers. Reimbursement may be provided for start up costs for support groups that have a caregiver component for a period of up to 6 months. The goal is to encourage each group to become self-sustaining. Educational materials may be provided as needed.
- Be a resource for caregiving issues in the community.
- Provide leadership relative to caregiver issues on behalf of eligible caregivers.

7. Individualized Caregiver Training.

- Identify and arrange payment for qualified professionals to complete individualized caregiver training that meets the needs of the eligible caregiver. Caregiver Coordinators will locate qualified professionals that may include but not be limited to nurses, occupational therapists, physical therapists,

and dietitians. Whenever possible the training should be held in the home where care is being provided.

- Individualized caregiver training rates for qualified professionals / agencies shall not exceed the maximum Medicaid rate for that service (as established by DHS Medical Services Division). Rates for training needs that are not a covered service under Medicaid shall be negotiated by the Caregiver Coordinator with program approval from Aging Services Division.
- Training may include but not be limited to the following areas:
 - Generally accepted practices of personal care task and personal care endorsements
 - Assistive technology
 - Planning for long term care needs
 - Health and nutrition counseling
 - Behavior management
 - Financial literacy
- Identify and refer eligible caregivers to the Older Americans Act legal services contract entity to explore the need for a health care directive for the older individual for whom care is provided. The NDFCSP care recipient completing the health care directive must be 60 and older. The caregiver and care recipient must agree to complete education about the rights and responsibilities of completing a health care directive and acting as an agent.
- Individualized caregiver training rates for qualified professionals to complete a health care directive and educate the caregiver and the care recipient may not exceed \$250.
- For the provision of the department approved caregiver dementia trainings, the caregiver coordinator will schedule training sessions with the department approved provider. The trainings will be limited to caregivers enrolled in the FCSP and at least one of their providers. A copy of the list of caregivers

and respite providers attending department approved dementia trainings must be sent to the Program Administrator.

8. Respite Care.

- Identify and arrange for payment of a qualified respite care provider for the temporary relief of the primary caregiver. A qualified respite care provider may include an individual, registered nurse, licensed practical nurse, certified nurse assistant who is enrolled as a respite care qualified service provider (QSP) with the Department of Human Services, an adult or child day care facility, a licensed adult or child foster care home, long term care facility, or a qualified family member who is related to the individual receiving care. Biological, adoptive parents and stepparents are not eligible to receive NDFCSP respite care payments when caring for their own biological, adopted or stepchildren. Qualified respite providers who choose to provide enhanced Alzheimer's and related dementia respite must also have completed the caregiver dementia training approved by the Department of Human Services.
- Caregiver Coordinators will be responsible to insure individual and agency QSPs enrolled with the Department of Human Services receive payment from the NDFCSP for respite services at a same rate as the current 15 minute unit rate established by the Medical Services Division. If verification is needed for a particular QSP provider's established 15 minute unit rate, Caregiver Coordinators may consult with the Program Administrator.
- Respite care that will be provided in the home of a qualified service provider (QSP) cannot be authorized until the Caregiver Coordinator has made a visit to the home and completed a Respite Home Evaluation ([SFN 549](#)) with the QSP. QSP's that are providing services to a relative and meet the definition of a qualified family member and licensed Adult or Child Family Foster Care providers are not required to complete a home evaluation.
- Respite Home Evaluations ([SFN 549](#)) are valid for no longer than 24 months from the date of issuance or the date of

expiration of the provider's status as a qualified service provider (QSP), whichever comes first. The QSP expiration date can be obtained from Aging Services Division. A copy of the evaluation form must be provided to the QSP and the original should be maintained in the provider's file.

- Individual [i.e. qualified family members and qualified service provider (QSP)] rates for respite care services shall not exceed the current maximum Medicaid QSP rate. Providers who have an individual QSP rate different from the state maximum Medicaid QSP rate shall be paid at their established individual rate, not the maximum Medicaid QSP rate. A qualified family member is: the spouse or one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)
- Agency unit respite rates shall not exceed the current maximum rate for the service under Medicaid. Agency providers who have an agency QSP rate different from the maximum state Medicaid QSP rate shall be paid at their established agency rate, not the maximum Medicaid QSP rate.
- Payment for overnight/24-hour, in-home respite provided by an enrolled QSP, qualified family member or agency shall not exceed the current Medicaid swing bed rate.
- Payment for one day of respite care cannot exceed the current Medicaid hospital swing bed rate whether or not the person received overnight care.
- Overnight respite care services for eligible grandchildren may be provided in a licensed child foster care home. Approval from the local county social service case manager working with the child foster care home must be obtained prior to making arrangements for respite services.
- A caregiver is eligible to receive funding for respite services if they are providing 24-hour care and the care recipient has two or more activities of daily living (ADL) limitations or a cognitive impairment which makes it unsafe for them to be left alone.

- A caregiver who does not live with the care recipient but is providing care and assistance to the care recipient on a daily basis, does not meet the eligibility requirements to receive routine respite care services from the program. Payment for respite care services could be considered should the caregiver have need of extended time away from the care recipient (based on care recipient's specific needs). Eligibility must be based on the coordinator's assessment insuring the care recipient meets all other program eligibility and services provided by the caregiver enables the care recipient to remain in the community.
- Authorization or use of respite services for time while the caregiver is at work is prohibited. If a care recipient is staying home alone during the time the caregiver is at work, the caregiver is not eligible to receive NDFCSP respite services.
- Caregivers are not eligible to receive NDFCSP services if they or the care recipient are receiving state, federal, or county funded services available through existing Home and Community Based Services (HCBS) programs. If the only HCBS service a caregiver is accessing is Homemaker Services, the coordinator will explore, with the caregiver, eligibility for additional HCBS programs prior to making a decision regarding NDFCSP eligibility. If the caregiver is eligible only for Homemaker Services and all other FCSP eligibility criteria have been met, the caregiver may be enrolled to access NDFCSP services.
- Primary caregivers who are being paid by private arrangement or by a public funded program to provide care are not eligible to receive NDFCSP respite services.
- Grandparents or relative caregivers who have adopted the grandchild/child and receive an adoption subsidy are not eligible to receive program services.
- ~~Respite care for caregivers who qualify for NDFCSP respite care services and pay privately for respite service or who receive respite from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc, may receive additional respite through the NDFCSP if there is a~~

~~documented need for additional services based on the caregiver assessment. The amount of additional respite care authorized should be carefully considered and should coincide with the program purpose of respite care that is occasional and intermittent~~ Caregivers who receive respite or in-home care services from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc. and the amount of service is more than average of four hours a week are not eligible to receive NDFCSP respite services. If the services received are four hours per week or less the caregiver would be eligible for NDFCSP services but the respite funding allocation will be less than the respite care service cap. If a caregiver begins receiving Hospice services after their enrollment in the NDFCSP, they will continue to receive NDFCSP program services but a reduction in respite service allocation should be considered.

- A caregiver who pays privately for respite or in-home personal care services of more than four hours per week is not eligible to receive NDFCSP respite care services. If the private pay services are four hours per week or less the caregiver would be eligible for NDFCSP services but the respite funding allocation will be less than the respite care service cap.
- ~~Caregivers who are caring for an individual with Alzheimer's Disease or a related dementia are eligible to receive enhanced respite funding. The caregiver and at least one of their respite care providers will be required to attend the caregiver dementia training approved by the Department of Human Services.~~
- Funding for respite service available to a primary caregiver cannot exceed the established service cap for respite care service in a twelve-month period (July 1 to June 30). The Aging Services Division staff determines the service cap for each 12-month enrollment period. ~~based on the percentage of Medicaid provider rate increases established during the ND legislative session. Updated service cap information will be issued when changes occur.~~

- Allocations for respite care services must be prorated on a three month allocation or if less than three months, the number of months the Caregiver Option Plan is in effect. Respite service funding on the Caregiver Option Plan will be allocated on a three month prorated basis. Coordinators will review the Caregiver Option Plan at a minimum of every three months to assess caregiver usage of respite funding and make adjustments based on expended funding, which may include an increase or reduction of funding. Respite care service allocation~~s~~ may exceed the prorated cap if the caregiver's need has been established and documented in the caregiver record and does not exceed the twelve month service cap.
- Individuals providing care for a person with Alzheimer's disease or a related dementia are eligible to receive an enhancement of \$600 over the established service cap for the enrollment period if they and at least one of their respite providers have successfully completed the [NDFCSP](#) approved caregiver dementia training.
- Services available to a primary caregiver may exceed the service cap established for the enrollment if it can be demonstrated that the caregiver has an extraordinary need that significantly increases the caregiver's responsibilities and not providing the additional respite may place the care recipient at imminent risk of institutional placement. A written request to exceed the established service cap must be sent to the Aging Services Division NDFCSP Program Administrator for approval. Approval will be determined on a case-by-case basis and ~~may~~ [will](#) be limited to a one-time allocation. Individuals who receive Alzheimer's disease or related dementia enhanced respite service funding are not eligible to receive an additional respite allocation beyond the service cap established for the enrollment period.

9. Supplemental Services.

- Identify and arrange for up to \$300 per household per twelve-month enrollment period (July 1 to June 30) in reimbursement for assistive devices not covered by the Aging Services Assistive Devices contract and incontinent supplies. Consideration will be given to a one-time additional allocation

of \$200 for supplemental services if it can be demonstrated the caregiver has an extraordinary need. Additional allocation requests must be submitted in writing to the Program Administrator and approvals shall be determined on a case-by-case basis.

- Assistive safety devices include adaptive and preventive health aids that will assist individuals and/or their caregivers in their activities of safe daily living. Nutritional supplements are not covered under Supplemental Services.
- Incontinent supplies include pads, diapers, and other protection products.
- The \$300 supplemental service cap cannot be used as a partial payment for an assistive safety device.
- Caregivers who receive services through other county, state or federal funded services are not eligible to receive NDFCSP Supplemental Services.

10. Disaster/Emergency Planning

- At the direction of the Aging Services Division, the Caregiver Coordinator will contact a caregiver to assist in planning to assure the caregiver and care recipient's safety in the event of a disaster/emergency.
- Document in the Narrative Section of the HFA SAMS NDFCSP Assessment for the stated purpose of the contact and a brief description of the caregiver's plan for safety.

Documentation Requirements 650-25-30-10-05

Changes HFA to SAMS computer record system.

INITIAL ASSESSMENT:

Coordinators are required to enter assessment data in the HFA SAMS web-based data system. Document the following in the Narrative section of the HFA SAMS NDFCSP Assessment form: the date and source of the referral; a brief descriptive statement of the interaction with the caregiver, including

any identified service needs; alternatives explored; service delivery options offered; services accepted or refused by the caregiver; and the caregiver's choice of provider(s).

Service Activity Reporting Requirements 650-25-30-10-10

Clarifies program data reporting in section 1.

For reporting purposes, coordinators will document service activity units in the web-based HFA **SAMS** data collection system, Service Delivery Section, on a monthly basis.

Service activity reporting will include:

1. Case Management Units - 1 Unit of Service=15 minutes (Effective October 1, 2011)
 - Amount of time spent in direct contact (includes face-to-face, phone calls, emails or mailings) with enrolled caregivers, families, significant others or referrals for services, includes collection of collateral information or research of community resources for a particular caregiver
 - Amount of time spent traveling for home visit with caregivers

Staffing Requirements 650-25-30-15

Changes requirements for caregiver coordinator position.

Caregiver Coordinator minimum qualifications include:

- ~~Licensure as a social worker by the North Dakota Board of Social Work Examiners (NDCC 43-41) or licensure as a Registered Nurse as stated in the Nurse Practices Act (NDCC 43-12.1) or an individual who at a minimum meets the qualifications of the Activity Therapist II class description.~~
- ~~Professional experience in providing social model case management.~~

- ~~Experience in community development and networking.~~
- ~~Effective verbal and writing skills.~~
- ~~Willingness to travel as needed to fulfill job responsibilities.~~
- ~~Completion of a training curriculum identified and provided by Aging Services Division.~~
- Bachelor degree in Social Work, Nursing, Gerontology, or degree in related field of human services or education and three-four years of work related experience.
- Ability to effectively communicate both verbally, to include active listening, and in writing
- Public speaking experience; including creation of power point presentations
- Ability to operate standard office equipment; such as phone, fax and copier machines
- Computer skills, to include word, excel and ability to learn agency computerized record keeping system
- Mathematical competency to manage a budget and spreadsheet
- Valid driver's license required
- Knowledge of or willingness to learn of available community resources within a defined service area

Prohibited Activities 650-25-30-20

Add relative caregiver to grandparent client in section 4.

4. Use of Older Americans Act funds to provide caregiver services to a caregiver, who does not meet the definition of a grandparent **or relative caregiver**, who is providing support to an individual between the ages of 19 and 59 regardless of disability or cognitive status.

Qualified Service Provider Complaints 650-25-30-25

Adds clarifying language to protocol for qualified service provider complaints and mandatory reporting for vulnerable adult abuse and neglect in sections 1,3,4 & adds section 6.

A complaint against a qualified service provider, family or agency NDFCSP provider may be made to the Human Service Center or to the Aging Services Division of the North Dakota Department of Human Services. A recipient of NDFCSP services or a friend, family member, guardian, legal representative or neighbor of the recipient or any other interested/anonymous party may file a complaint.

When a complaint is received about a NDFCSP service provider follow these steps:

1. Ask for the name of the person who is making the complaint, the name of the **caregiver or care** recipient and the name of the qualified service provider, family or agency provider. Ask for a complete description of the problem or complaint. ~~Report suspected physical abuse or criminal activity to law enforcement.~~
2. If there are reasonable grounds to believe that the recipient's health or safety is at immediate risk of harm, the Caregiver Coordinator and if deemed appropriate the designated Vulnerable Adult Service worker will make a home visit to further assess the situation and take necessary action.

3. If there is no immediate risk but a problem exists, the Caregiver Coordinator will work with the client caregiver and other interested parties to resolve the complaint.
4. ~~Report~~ The complaint must be reported to the Aging Services Division NDFCSP Program Administrator. When applicable, Aging Services Program Administrator will notify the provider in writing of the changes that they must make in order to maintain their provider status or Aging Services will remove a qualified service provider, family or agency provider from the list of approved providers if the seriousness and nature of the complaint warrant such action.
5. Complaints regarding a Qualified Service Provider enrolled with the Department of Human Services and the NDFCSP will be handled by the NDFCSP Program Administrator and the Home and Community Based Services Program Administrator regarding the investigation and resolution of the complaint. A qualified service provider whose enrollment with the Department of Human Services is either terminated or closed will not be eligible to receive payment from the NDFCSP.
6. Anyone who provides healthcare or services to a vulnerable adult is required to report abuse, neglect, and exploitation of vulnerable adults. Caregiver Coordinators are mandatory reporters for abuse and neglect of a vulnerable adult. Caregiver Coordinators must report if they have knowledge in their professional capacity that a vulnerable adult has been subjected to abuse or neglect or observe a vulnerable adult being subjected to conditions or circumstances that reasonably would result in abuse or neglect. To report a suspected abuse or neglect of a vulnerable adult, contact the appropriate regional Vulnerable Adult Protective Services agency. If the vulnerable adult is in immediate danger, contact law enforcement immediately and then make a report to the regional Vulnerable Adult Protective Services office.

Denial and Termination of Services 650-25-30-30

Changes protocol regarding grievance for program termination in section 4.

4. If a grievance is submitted, as outlined on SFN 331, the process may will include a conference with the ~~Regional Aging Services~~ NDFCSP Program Administrator and/or a review by Aging Services Division staff Director. Following the review, a written response will be sent to the caregiver submitting the grievance by the Division.

Administration 650-25-30-35-01

Changes HFA to SAMS and clarifies billing process for agency providers in sections 1, 3 7 & 9.

1. ~~Clients~~ All caregivers enrolled in the NDFCSP must be provided the opportunity to contribute to the cost of the service. Acceptable format for receipt of contributions is limited to the use of self-addressed envelopes.
2. Caregiver Coordinators must submit the NDFCSP time study log to Aging Services Division no later than 25 days after the end of the monthly service period.
3. ~~HFA~~ SAMS ~~client~~ consumer data records, assessments, and service delivery for both individual ~~clients~~ caregivers and consumer groups must be completed no later than 25 days after the end of the monthly service period.
4. Caregiver Coordinators must maintain a spreadsheet that contains the name of each participant, the amount of the service allocation, and the monthly expenditures during each service period. Caregiver Coordinators shall submit a copy of the NDFCSP expense spreadsheets to the Program Administrator no later than 25 days after the end of the monthly service period.

5. Payment for services provided by eligible providers must be completed in accordance with Human Service Center procedures and processed no later than 15 days after the end of the monthly service period. Final payments shall be processed no later than 30 days after the end of the annual service period.
6. Provider service logs received for services provided later than 30 days after the end of the annual service period must be discussed with the Aging Services Division NDFCSP Administrator prior to payment.
7. Individual respite care providers are required to have caregivers co-sign on every entry of respite services on the North Dakota Family Caregiver Support Program Provider Service Log - Individual (SFN 135) to verify services have been provided. Coordinators have the responsibility to insure every Provider Service Log entry has been signed by the caregiver. If the Provider Service Log is lacking a signature, coordinators will return the service log to the provider to obtain the caregiver signature prior to approval for payment.
8. Enrolled caregivers accessing Supplemental Services will be required to purchase the assistive safety device or incontinent supplies. The caregiver must submit a receipt of purchase of safety devices or incontinence supplies and use the NDFCSP Provider Service Log- Individual (SFN 135) to access reimbursement through Supplemental Services.
9. Agency, institutional and adult day care providers of respite, training or counseling services will use North Dakota Family Caregiver Support Program Provider Service Log – Agency (SFN 492) for billing for respite, training and counseling services. Agency Providers using SFN 492 for billing purposes are not required to obtain caregiver co-signatures on SFN 492 the provider service log.

Legal Requirements 650-25-30-35-05

Removes section 3 from protocol regarding denial or termination of services.

- ~~3. The North Dakota Family Caregiver Support Program (NDFCSP) shall apply the Department of Human Services rules, policies, and~~

~~procedures regarding denial and termination of Service Payments to the Elderly and Disabled (SPED) and Medicaid Waiver services to the NDFCSP services.~~